

Highlights:

- Many men are unaware of the family planning and reproductive health information and services available to them.
- Men have a right and need to know about all contraceptive options, not just condoms.
- Men are important partners in determining the reproductive health of couples.
- Family PACT sponsors special outreach activities to increase male participation.
- Male participation in Family PACT more than quadrupled in 3 years.
- Family PACT eligibility criteria and services for men are comparable to those for women except for appropriate gender differences.
- Family PACT services are available at private providers, as well as community clinics and health departments.



Fact Sheet On Male Services

Background

While past efforts to promote family planning and reproductive health have been largely directed at women, today there is growing recognition that men need to be more involved in these efforts.¹ Men play a key role in preventing unplanned pregnancy and the transmission of sexually transmitted infections (STIs), including HIV, and often do not get the reproductive health information or services that they need. Some reasons for involving men in family planning reproductive health promotion include the following:

- Men often influence or determine sexual behavior and contraceptive use.^{2,3,4}
- Increasing condom use, the most effective way of preventing STI/HIV transmission during sexual intercourse, largely depends on changing male behavior.⁵
- Men, especially low-income young men, are less likely than women to have health care coverage or a usual source of care and, when they do receive care, few discuss sexual health or contraception with their physicians.^{6,7}
- Young men report that they want more reproductive health information than they receive.⁸

Family PACT Program

California's Family PACT Program provides clinical services for family planning reproductive health at no cost to low-income residents, filling a critical gap in health care for the indigent, uninsured, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level, and have no other source of health care coverage for family planning services. Family PACT is administered by the Department of Health Services, Office of Family Planning (OFP). OFP also administers the Male Involvement Program, which supports community-based programs to mobilize young men to take an active role in teen pregnancy prevention.

A federal Medicaid waiver approved in December 1999 helps fund Family PACT services and targeted outreach to men. Family PACT male services include:

Services

- Condoms
- Contraceptive methods information
- STI testing & treatment
- Education & counseling for all method options
- Periodic physical exam
- Prostate cancer screening & self examination instruction
- Vasectomy
- HIV screening
- Limited infertility services
- Referrals for services not covered by the program

Outreach and Training

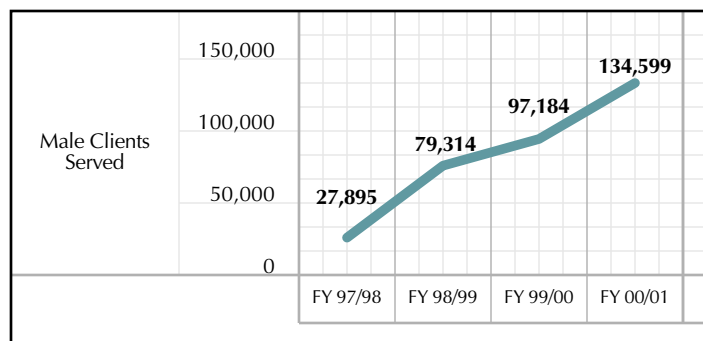
- Direct marketing to men, including the "Male Responsibility" multimedia campaign to promote the role of men as partners in family planning.
- Recruitment of providers in diverse health care settings.
- Provider education about male issues in clinical practice, education & counseling skills, and creating a male-friendly environment.

Service Utilization

The number of men receiving Family PACT services more than quadrupled in the program's first three years, from 28,000 in fiscal year 97/98 to 135,000 in fiscal year 00/01.⁹ In fiscal year 00/01:

- 65% of male clients received condoms.
- 65% of male clients were tested for sexually transmitted infections (STIs), including chlamydia, gonorrhea, syphilis, hepatitis B and HIV.
- 2% of male clients received services related to fertility evaluation.
- 1% of male clients received vasectomy-related services.
- Male clients were more likely to be served by private providers (52%, compared to 42% of female clients).

Male participation in Family PACT increased four-fold in the program's first 3 years.



Conclusion

It is increasingly recognized that male involvement is critical to improving reproductive health outcomes for men and women alike. Responding to the need for male services, Family PACT has expanded the range of services available to men, sponsors outreach to increase male participation and offers extensive training to providers to improve their ability to serve male clients. Additionally, publicly-funded community-based Male Involvement Programs have been mobilizing adolescent and young adult men to play an active role in preventing teenage pregnancy and unintended fatherhood since 1995.¹¹ These innovative approaches make California a pioneer in the emerging field of family planning reproductive health services for men.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

Demographic Characteristics

One out of ten Family PACT clients is male.

- The average age of male clients is 27 years old.
- Over half of male clients (58%) report Spanish as their primary language, and 38% report English.

Family PACT is serving men of diverse racial and ethnic groups.

Race/Ethnicity of Family PACT Male Clients Compared to California's Male Population ¹⁰			
	Family PACT FY 00/01	California 2000	
Hispanic	66%	32%	
White	16%	50%	
African American	11%	7%	
Asian, Filipino, and Pacific Islander	4%	11%	
Native American and Other	4%	1%	

¹ Sonenstein, editor. Young men's sexual and reproductive health. Washington, DC: The Urban Institute; 2000.

² Danielson R, et al. Reproductive health counseling for young men: What does it do? Fam Plann Perspect. 1990;22 (3):115-21.

³ Manning D, Longmore MA, and Giordano PC. The relationship context of contraceptive use at first intercourse. Fam Plann Perspect. 2000;32 (3):104-110.

⁴ Soler H et al. Relationship dynamics, ethnicity and condom use among low-income women. Fam Plann Perspect. 2000;32 (2):82-88 &101.

⁵ Schulte MM, Sonenstein FL. Men at family planning clinics: The new patients? Fam Plann Perspect. 1995;27 (5):212-216, 225.

⁶ Merzel C. Gender differences in health care access indicators in an urban, low-income community. Am J Public Health. 2000;90 (6):909-916.

⁷ McGlynn EA. Quality assessment of reproductive health services. West J Med. 1995; 163 (suppl):19-27.

⁸ Lindberg LD, Ku L, and Sonenstein F. Adolescents' reports of receipt of reproductive health education, 1988-1995. Fam Plann Perspect. 2000;32 (5):220-226.

⁹ Family PACT data presented in this fact sheet are drawn from Family PACT enrollment and claims data.

¹⁰ State of California, Department of Finance. County population projections with age, sex and race/ethnic detail. Sacramento, California, December 1998.

¹¹ Center for Reproductive Health Research and Policy. Young men moving forward: California's Male Involvement Program – A teen pregnancy prevention program for males. San Francisco, CA: University of California, San Francisco, September, 2002.